Revision: HCFA-PM-91-4 (BPD)

AUGUST 1991

OMB No.: 0938-

HCFA ID: 7982E

State:

DELAWARE

SECTION 2 - COVERAGE AND ELIGIBILITY

Citation 42 CFR 435.10 and Subpart J 2.1 Application, Determination of Eligibility and Furnishing Medicaid

(a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing

TN No. SP-300
Supersedes Approval Date MAY 2 7 1992 Effective Date JAN 0 1 1992
TN No. SP-126